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CONFIRMATION NO. 9352

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| SERIAL NUMBER 10/554,133 | FILING OR 371(c) DATE 10/20/2005 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 1332 WO/US |
| APPLICANTS Clifford J Herman, St Louis, MO; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US04/33268 10/07/2004 which claims benefit of 60/509,704 10/08/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/06/2006 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Renee Chappin</i> Examiner's Signature Initials | | STATE OR COUNTRY MO | SHEETS DRAWING 0 | TOTAL CLAIMS 49 |
| | | | | INDEPENDENT CLAIMS 8 |
| ADDRESS Jeffrey S Boone Mallinckrodt Inc 675 McDonnell Boulevard PO Box 5840 St Louis, MO 63134 | | | | |
| TITLE Methylphenidate solution and associated methods of administration and production | | | | |
| FILING FEE RECEIVED 3350 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |